SKAALEN SUNSET HOME

400	NORTH	MORRIS	STREET
~-~			F 2 F 2 2

STOUGHTON 53589 Phone: (608) 873-565	1	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/05):	171	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	171	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	153	Average Daily Census:	157

Age, Gender, and Primary Diagnosis of	Length of Stay (12/31/05)	%			
Primary Diagnosis	%	Age Groups _	%	 Less Than 1 Year 1 - 4 Years	39.2 34.6
Developmental Disabilities	0.0	Under 65	5.2	More Than 4 Years	26.1
Mental Illness (Org./Psy)	37.3	65 - 74	5.9		
Mental Illness (Other)	3.3	75 - 84	31.4		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	49.0		
Para-, Quadra-, Hemiplegic	1.3	95 & Over	8.5	Full-Time Equivalent	
Cancer	1.3	İ		Nursing Staff per 100 Resid	lents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	15.7	65 & Over	94.8		
Cerebrovascular	8.5			RNs	7.5
Diabetes	3.9	Gender	%	LPNs	10.0
Respiratory	3.3			Nursing Assistants,	
Other Medical Conditions	25.5	Male	22.9	Aides, & Orderlies	43.6
		Female	77.1	, , , , , , , , , , , , , , , , , , ,	
	100.0				
			100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 7	7.8	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	4.6
Skilled Care	19	100.0	364	83	92.2	130	0	0.0	0	44	100.0	190	0	0.0	0	0	0.0	0	146	95.4
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		90	100.0		0	0.0		44	100.0		0	0.0		0	0.0		153	100.0

SKAALEN SUNSET HOME

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/05
Deaths During Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.5	Bathing	0.7		81.7	17.6	153
Other Nursing Homes	1.4	Dressing	7.8		77.1	15.0	153
Acute Care Hospitals	85.2	Transferring	22.9		66.0	11.1	153
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.0		68.0	15.0	153
Rehabilitation Hospitals	0.0	Eating	49.7		42.5	7.8	153
Other Locations	2.5	********	******	*****	******	*******	*******
otal Number of Admissions	277	Continence		8	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.9	Receiving Resp	iratory Care	19.0
Private Home/No Home Health	7.0	Occ/Freq. Incontiner	nt of Bladder	57.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	38.9	Occ/Freq. Incontiner	nt of Bowel	24.8	Receiving Suct	ioning	0.0
Other Nursing Homes	1.8				Receiving Osto	my Care	3.9
Acute Care Hospitals	13.7	Mobility			Receiving Tube	Feeding	3.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	9.2	Receiving Mech	anically Altered Diet	s 27.5
Rehabilitation Hospitals	0.0						
Other Locations	0.4	Skin Care			Other Resident C	haracteristics	
Deaths	24.9	With Pressure Sores		8.5	Have Advance D	irectives	85.0
otal Number of Discharges		With Rashes		3.3	Medications		
(Including Deaths)	285	İ			Receiving Psyc	hoactive Drugs	64.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	******	*****	*****	*****	*****	*****	*****	*****	*****	
	Ownership:			Bed	Size:	Lic	ensure:			
	This	his Nonprofit 100-199				Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91.8	93.4	0.98	90.1	1.02	88.8	1.03	88.1	1.04	
Current Residents from In-County	79.7	85.9	0.93	84.9	0.94	83.2	0.96	77.6	1.03	
Admissions from In-County, Still Residing	19.9	20.9	0.95	18.1	1.10	18.7	1.06	18.1	1.10	
Admissions/Average Daily Census	176.4	162.7	1.08	188.0	0.94	177.7	0.99	162.3	1.09	
Discharges/Average Daily Census	181.5	162.0	1.12	191.1	0.95	179.2	1.01	165.1	1.10	
Discharges To Private Residence/Average Daily Census	83.4	81.3	1.03	87.1	0.96	83.4	1.00	74.8	1.12	
Residents Receiving Skilled Care	100	97.5	1.03	96.6	1.04	96.3	1.04	92.1	1.09	
Residents Aged 65 and Older	94.8	96.3	0.98	90.0	1.05	91.3	1.04	88.4	1.07	
Title 19 (Medicaid) Funded Residents	58.8	54.2	1.09	62.3	0.94	61.8	0.95	65.3	0.90	
Private Pay Funded Residents	28.8	31.8	0.90	20.8	1.38	22.5	1.28	20.2	1.43	
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	5.0	0.00	
Mentally Ill Residents	40.5	33.9	1.20	34.5	1.17	34.8	1.16	32.9	1.23	
General Medical Service Residents	25.5	25.2	1.01	22.0	1.16	23.0	1.11	22.8	1.12	
Impaired ADL (Mean)	47.1	49.3	0.95	48.8	0.96	48.4	0.97	49.2	0.96	
Psychological Problems	64.7	57.5	1.13	59.9	1.08	59.5	1.09	58.5	1.11	
Nursing Care Required (Mean)	8.2	6.9	1.19	7.3	1.13	7.2	1.14	7.4	1.10	